

LOUISIANA DEPARTMENT OF INSURANCE

P.O. Box 94214

Baton Rouge, LA 70804-9214

(225) 342-0860

www.lidi.state.la.us

Military Service Exemption/Extension Form

Please Complete the Following			
Licensee Name	Social Security Number	Telephone Number ()	
Street Address or Post Office Box	City	State	Zip Code

I request (check one of the following)
<input type="checkbox"/> A Waiver of the Renewal Late Fee and/or Address Fine Attachments Required: <ul style="list-style-type: none">• A written explanation of why the late fee and/or address fine should be waived.• Documentation proving or affidavit swearing to the dates of active military service and deployment.
<input type="checkbox"/> A Waiver of the Continuing Education Requirements Attachments Required: <ul style="list-style-type: none">• A written explanation of why continuing education requirements could not be completed within the 2-year biennium period.• Demonstrate that you have given good faith effort to meet requirements prior to deployment.• Documentation proving or affidavit swearing to the dates of active military service or deployment.
<input type="checkbox"/> An Extension of the Continuing Education Requirements Attachments Required: <ul style="list-style-type: none">• A written explanation of why continuing education requirements could not be completed within the 2-year biennium period.• The extension date requested to complete the required continuing education hours (maximum 2 years). Include an explanation of why this specific period is needed.• Demonstrate that you have given a good faith effort to meet requirements prior to deployment.• Documentation proving or affidavit swearing to the dates of active military service or deployment.

Signature

Date

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Note: The Department will review request on a case by case basis and will notify you in writing whether your request has been granted or not.